The trouble first appeared at different ages, ranging from sixteen to sixty-two years. They lay special stress upon the necessity for thorough and repeated examination for underlying physical disease, which is present in the majority of cases, and emphasize the importance of guarding against suicide, a by no means infrequent termination, two of their cases having ended in this way.

(Vol. X., No. 24, 1905.)

1. Hysterical Tic. Pitres and Cruchet.

1. *Hysterical Tic.*—As to the presence of tic in hysteria, there seems to be some confusion, many authors denying that there is a tic of hysterical origin.

Pitres and Cruchet classify the conditions under which tic-like movements are observed in hysteria, as follows: 1. Certain spasms essentially rhythmic, and having a particular character, which are not, however, true tics. 2. True tics which, appearing in the course of hysteria, are added to a pre-existant or concomitant disease and persist in association with it, but should nevertheless not be considered as true hysterical phenomena. 3. There remains a third group of cases, which comprise true hysterical tics, special clinical manifestations of hysteria. From a certain number of personally observed cases they select two as illustrative. The first is that of a woman of thirty years of age, who, in addition to other hysterical manifestations, presented convulsive tic of the shoulder, neck and face, which was cured by hypnotic suggestion. The second is that of a girl fourteen and a half years old who presented convulsive crises and hiccough coming on at the same hour every day for a month. These crises were eventually replaced by tic of the shoulders, head and face, occurring similarly at the same hour every day, and lasting six months. Sudden cure coincided with the return of menstruation to normal. The authors regard both of these cases as examples of true hysterical tic. One of them (P.) had previously called attention to the modifying influence upon tic in general, of directing the attention of the patient to the performance of certain delicate movements, as writing. sewing, etc. The movements in the above cases, however, were in no way influenced by such exercises.

Allen (Trenton).

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(Vol. 40, Part 2.)

13. Experiments on Brain Transplantation. Saltykow.
14. A Contribution to the Pathology of Tabes. Speilmeyer.
15. Hematomyelia and Syringomyelia. Kölpin.
16. The Feeling of Vibration of the Skin. Treitel.
17. A Contribution to the Pathological Anatomy of Landry's Paralysis. Lohrisch.
18. The Psychopathology of Sexual Perversion. Donath.
19. The Paralyses of Pregnancy of the Mother. Von Hösslin.
20. Contribution to the Pathological Anatomy of Pseudo-Bulbar Paralysis. Müller.
21. Observations on Color Hearing (auditio colorata). Lomer.
22. On Affection of the Ventral Horns in Tabes Dorsalis. Lapinsky.

13. *Brain Transplantation.*—In this paper Saltykow gives the results of his experimental investigation in the transplanting of portions of the brain. The general conclusions reached are as follows: Brain tissue may easily be transplanted. The transplanted portion does not undergo softening as might be expected, but heals as any other tissue. The cellular elements of the transplanted tissue are in part preserved for a certain time, but later show progressive degenerative changes leading ultimately to their destruction. Well preserved ganglion cells may be observed up to the

eighth day, but changes begin after the eighth hour. Glia cells show mitoses on the seventh day, continuing in decreasing number up to the twentieth day. The blood vessels of the transplanted tissue show from the second to the third day vigorous mitotic changes in the endothelium and the perivascular cells. The blood vessels, with other new formed vessels, remain. The nerve fibers degenerate and quickly disappear. The tissue surrounding the transplanted portion increases in extent and gradually replaces the foreign tissue. Outside of the connective tissue scar a sclerotic glia zone is formed. In the neighborhood of the wound numerous ganglion cell mitoses may be observed, likewise new formed nerve fibers. The opinion is finally expressed that fat granule cells originate from perivascular cells and other connective tissue cells.

14. *Tabes.*—Speilmeyer, by the use of special methods in the study of the pathological anatomy of tabes, finds, employing Cajal's axis cylinder method, that the terminations of the neurones show a loss of fibers, particularly of the non-medullated sort. These changes are particularly well shown in Clarke's columns and in the nuclei of the posterior columns. Glia preparations show an accompanying growth of the glia in those places where the posterior fibers have been destroyed. A further study of the glia in degenerated areas showed that static conditions determined the arranged of the fibers, and that they were not alone dependent upon the direction of the degenerated nerve fibers. Changes were also found in the cerebellum.

15. *Hematomyelia and Syingomyelia.*—Kölpin narrates at length a case bearing upon the pathogenesis of syringomyelia and concludes from its study that a syringomyelia may originate from a hematomyelia. In this case at least he thinks it altogether probable that there is positive connection between hematomyelia and syringomyelia; or, in other words, that syringomyelia may be of traumatic origin.

16. *Feeling of Vibration of the Skin.*—Treitel contributes a short paper on his study of the feeling of vibration of the skin. He finds that disturbances of the feeling of vibration appear earlier than disturbance of the pain or contact sense. The exact nature of the sense of vibration is still somewhat in doubt, but Treitel asserts that the assumption of Egger and Dejerine that the organs, and especially the bones, constitute its substratum is wrong, inasmuch as the feeling of vibration is as marked in parts of the body where bones are well covered with muscles, or even in parts wholly without bone. The sign should be of value in the study of tabes and also in neuritis, multiple sclerosis and syringomyelia, in all of which the sense of vibration is disturbed.

17. *Landry's Paralysis.*—Lohrisch reports a case of a patient suffering from tabes who died with the symptoms of Landry's paralysis after an illness of eight days. The question is discussed as to the propriety of considering the disease Landry's paralysis. Post-mortem, typical lesions of tabes were found, and in addition acute disease of the gray matter in all parts of the spinal cord and oblongata characterized by hemorrhage, disappearance of myeline and ganglion cell degeneration. The disease, therefore, histologically, was an acute disseminated poliomyelitis. The discussion of the case adds little new and the literature has not been thoroughly studied.

18. *Sexual Perversion.*—In his paper on the psychopathology of sexual perversion Donath describes the case of a youth suffering from a mixed form of ideal masochism with sadism, or, in short, algolagnia on congenital basis. The case should be of interest to those studying perversion in its unusual forms.

19. *Paralysis of Pregnancy.*—This paper concludes von Hösslin's elaborate study on the paralyses of pregnancy. It is a monographic consideration of the entire subject, and as such does not permit of brief review. It is the hope of the author that the study will offer a certain explanation of the relationship between pregnancy and certain forms of

paralysis, particularly those apparently due to toxines producd within the body.

20. *Pseudo-Bulbar Paralysis.*—On the basis of one case Müller discusses the question of the pathological anatomy of pseudo-bulbar paralysis. As the result of the pathological investigation he found the cause of the symptoms to lie in the presence of several large areas of softening in the brain, together with others in the pons, oblongata and spinal cord. The clinical course of the disease had lasted for twenty years, hence a difficulty of bringing into close relationship the symptoms observed during life and the post-mortem lesions. The case is discussed in an interesting way, and is an addition to our knowledge of what is rightly called pseudo-bulbar paralysis.

21. *Color Hearing.*—By color hearing is understood the existence of subjective appearance of color during the appreciation of tones and sounds of various sort. This condition is not extremely rare, inasmuch as up to the year 1896, 140 cases had been published, particularly by French and Italian authors. Since then a number of cases have also been reported. The article concerns itself with a technical description of the physical and psychological processes involved, and the conclusion is reached that color hearing is an accidental syndrome occurring at a certain level of intelligence, which in itself is not pathological, but in certain cases may be an accompanying phenomenon of dissolution.

2. *Ventral Horns in Tabes Dorsalis.*—Continued article.

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(May, 1905.)

1. Experimental Contribution to the Study of the Subjective Phenomena of Fatigue in Voluntary Work. Z. TREVES.
2. The Structure of the Retina. RENATO REBIZZI.

1. *Fatigue in Voluntary Work.*—The muscles and the nervous system constitute the organs involved in voluntary work. Both collaborate in all cases. The method used heretofore in studying voluntary work has been the method of the ergograph, but this instrument has as yet yielded only results of doubtful value.

The capacity for voluntary work results from two factors. 1. The total quantity of work the muscles are in condition to furnish. 2. The strength of the initial stimulus. The author discusses at length the work of Kraepelin and the conclusion he arrived at in his "Die Arbeitscurve." He disagrees with Kraepelin and takes up the theories of Lehmann, Loeb, Shirrington and James. He concludes from this study that all authors who have studied the influence of the psychic state in the course of voluntary work put in evidence a lot of conditions which lessen the effects of voluntary work and they do not know how to describe that with the attributes of attention, sometimes comparing it directly and sometimes confounding it with them in another sense.

According to James the effort of attention is the essential phenomenon of the will; so the muscular effort implies volition, so in ultimate analysis all the psychical attributes (precision, &c.) of a voluntary movement may be the expression of the degree of attention that determines it. The force of the accelerating function one may consider then as the measure of the general tone of attention; and as much one would be obliged to say of the impulse (*antrieb*) to voluntary work. The oscillation of the acceleration of voluntary movements and of the *antrieb* of mental work, which occurs as well as one is able to say, outside the consciousness of the subject, until the organs regain a sufficient amount of energy, may be the index of the oscillation of attention.

And the long periods of depression that one observes in the acceleration and in the *antrieb* may correspond to various grades of that rise of